

# 'Youth-at-Risk' –2009 Minority Status & Health-Risk Behaviors

## RI Public High School Students



RI Departments of Health and Elementary & Secondary Education  
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**Introduction:** This report examines differences in health-risk behaviors between Minority and White high school students in Rhode Island (RI). It evaluates 26 risk-measures from RI's Youth Risk Behavior Survey (YRBS).

**The RI YRBS:** The RI YRBS is part of a system of biennial surveys involving random samples of public high school students in 60+ states and municipalities nationwide. The Centers for Disease Control and Prevention developed the YRBS to monitor risk behaviors related to the major causes of injury, disease, and mortality. In the spring of 2009, 3,213 RI 9<sup>th</sup> to 12<sup>th</sup> grade students participated in the YRBS. The findings here are representative of public high school students statewide and may be used to inform policy and programs alike.

**'Minority Status':** Students were asked two questions to self-identify race and ethnicity. Their responses were parsed into two mutually exclusive categories: 'White' (non-Hispanic), and 'Minority,' including Hispanic and all other non-White races.

**Using the data:** The relationship between Minority status and health-risk behaviors may be 1) 'correlated' and/or 2) 'significant.' 1) 'Correlation' refers to association, not causation (e.g., Minority students attempted suicide twice as often as Whites, but being a Minority doesn't cause one to try to kill themselves). The correlation co-efficient ( $r$ ) is used to evaluate the association between Minority status and overall risk behaviors. An  $r$ -value of '0.00' is no correlation, and '1.00' is perfect correlation (i.e., the two variables change in tandem). 2) 'Significance' refers to how likely it is that there is an actual or 'real' difference in the reported rates between two groups. This is important because sample surveys produce estimates, which may vary from true population values. Lastly, the 26 risk-measures are all negative indicators, so lower values are desired.

### 2009 Highlights

Approximately 16,500 RI public high school students (32%) were in a Minority group in 2009. RI high school students' minority status was only modestly correlated with their overall health-risk factors ( $r = 0.233$ ). For the 26 measures in this report, nine were not statistically different for Whites or Minorities, 11 measures were statistically better for Whites, and six were better for Minorities.

**Violence** was more common to Minority than White students (Chart 1). Not only were they more likely to get in physical fights (30%), they were more than twice as likely to 'cut' school because they felt unsafe (11%).

Minority students had greater **mental health** risks than Whites. Feelings of 'sadness' and 'hopelessness' were higher for Minority students (29%), and the attempted suicide rate (11%) was almost twice as high.

**Tobacco** use was significantly lower among Minority than White students. The current smoking rate for Minorities was less than half that of White students (7%), as was their rate for any tobacco use (10%).

Current **alcohol** drinking rates were not significantly different for Minority and White students, but binge drinking was significantly lower (15%) for Minorities.

**Drug use** among Minority and White students was mixed. Significantly fewer Minority students currently used marijuana (22%), but the rates of students ever using cocaine, inhalants or painkillers were not significantly different.

Minorities were more **sexually active** than White students (36%), and they were more likely to have ever had sexual intercourse (52%).

Minorities were at greater risk of **injury** than Whites. Not only were they less likely to wear a bike helmet (92%), and seat belt (19%), they were more likely to ride with a driver that had been drinking alcohol (26%).

Lastly, **physical activity** measures were generally worse for Minority students. They were more likely to be obese (14%), which may be partially explained by their significantly higher rate of inadequate physical activity (65%).

Small sample sizes make it problematic to draw conclusions regarding differences in risk-behaviors among **specific minority groups** (Chart 2). Nonetheless, the data suggest that Hispanic students had the highest rates for feeling 'sad' or 'hopeless' (30%), not wearing a bike helmet (95%), obesity (16%), and inadequate physical activity (68%, tied with Asians). Black students reported the highest rates for having had sexual intercourse (53%), and not wearing a seat belt (19%). Asian students tied Hispanics for the highest rate for inadequate physical activity (68%), and Native American students reported the highest rates for physical fighting (34%), 'cutting' school (16%), attempted suicide (14%), and riding with an impaired driver (34%).

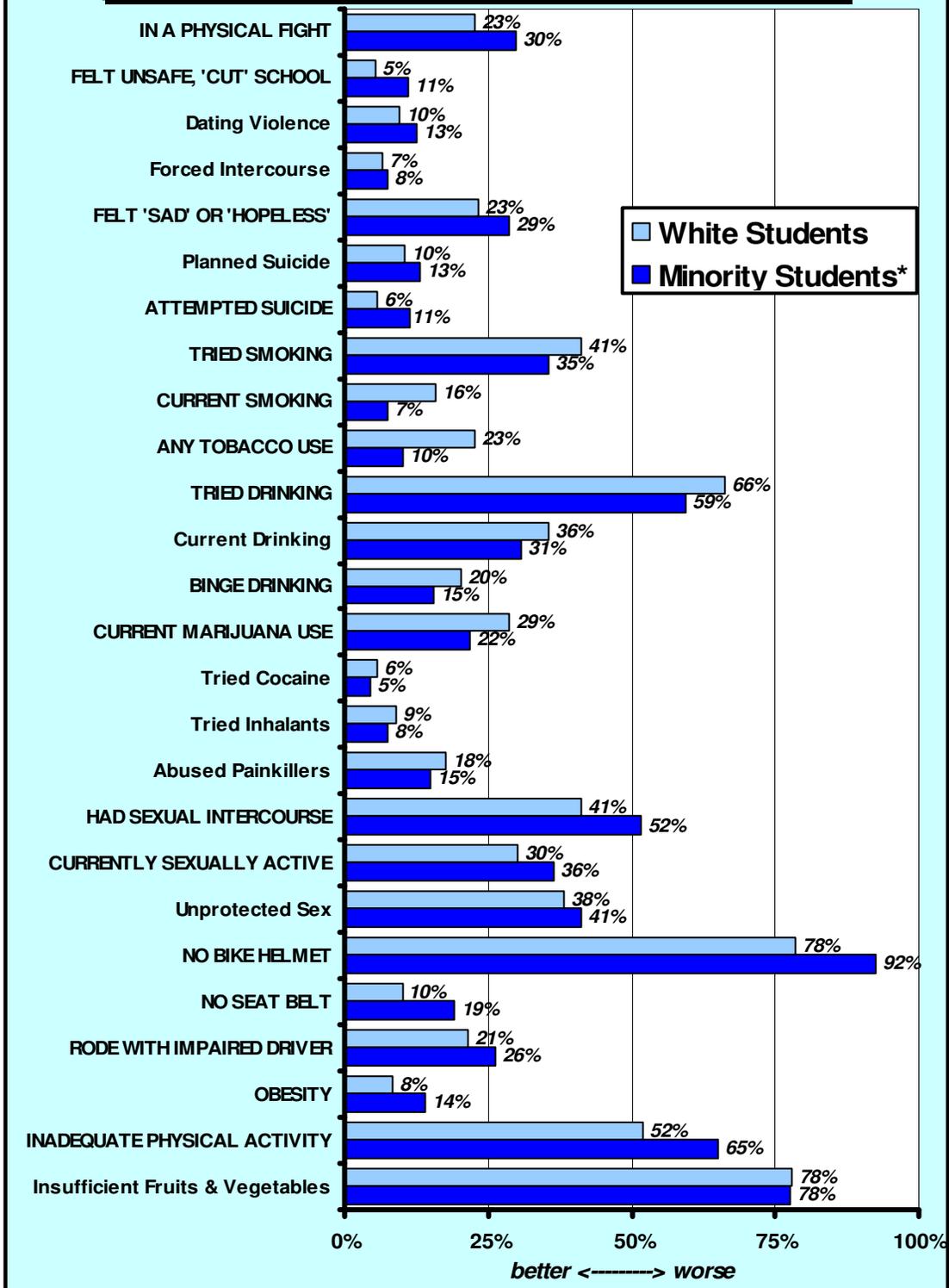
While students' Minority status and overall health-risks were only moderately correlated, there were some significant, categorical differences between the groups (i.e., violence, mental health and injury issues for Minorities, and tobacco and marijuana use for Whites). Reducing health disparities in the general population may well start by addressing some of the student health-risks that lead to those differences. However, more research is needed to evaluate significant differences in the prevalence of risk-behaviors across specific minority groups.

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'Youth-at-Risk' topical report series

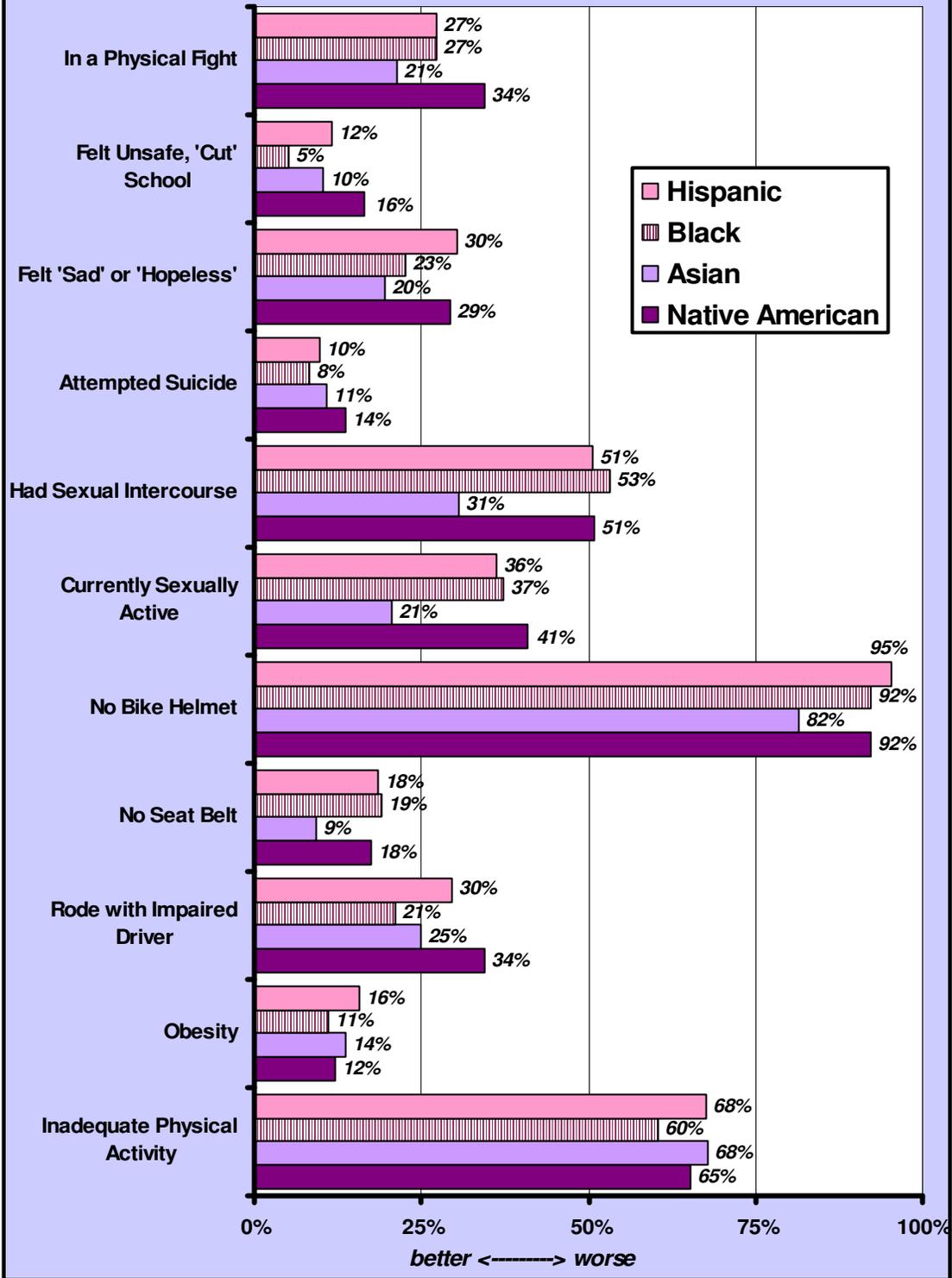
**Chart 1: 2009 H.S. Health-Risks -by White & Minority students**

~significant differences are in CAPS~



\* Minority students include Hispanics, and all non-White racial groups (i.e., Native American, Asian, Black, and Native Hawaiian/Pacific Islander)  
 Source: 2009 RI high school YRBS (n=3,213); raw data and definitions are in Table 1 (p4)

**Chart 2: Significantly Higher Minority 2009 Health Risks**  
*-by select minority group\**



\* Omitted are Native Hawaiian/Pacific Islanders because of their very small representation in RI's high school population  
 Source: 2009 RI high school YRBS (n=3,213)

**Table 1: H.S. Health-Risks Data by Minority Status**

		RI 2009 DATA <sup>1</sup>						
Measure	Description	White	Minority <sup>2</sup>	Whites' 95% CIs <sup>3</sup>		Minorities' 95% CIs <sup>3</sup>		
VIOLENCE	In a Physical Fight	1+ times, past yr.	22.7%	29.7%	20.6%	24.9%	27.0%	32.5%
	Felt Unsafe, 'Cut' School	1+ days, past mo.	5.3%	11.1%	4.2%	6.5%	9.4%	12.9%
	Dating Violence	hit by boy/girlfriend, past yr.	9.7%	12.6%	8.2%	11.2%	10.6%	14.6%
	Forced Intercourse	ever	6.7%	7.6%	5.4%	7.9%	6.1%	9.1%
MENTAL HEALTH	Felt 'Sad' or 'Hopeless'	for 2+ wks., past yr.	23.2%	28.6%	21.1%	25.3%	25.9%	31.2%
	Planned Suicide	past yr.	10.4%	13.2%	8.8%	11.9%	11.3%	15.2%
	Attempted Suicide	1+ times, past yr.	5.7%	11.4%	4.5%	7.0%	9.4%	13.4%
TOBACCO	Tried Smoking	ever	41.2%	35.4%	38.6%	43.7%	32.4%	38.4%
	Current Smoking	smoked 1+ days, past mo.	15.8%	7.4%	13.9%	17.7%	5.7%	9.1%
	Any Tobacco Use	cigs, cigars, smokeless tobac. past mo.	22.6%	10.2%	20.4%	24.8%	8.3%	12.2%
ALCOHOL	Tried Drinking	1+ drink on 1+ days, ever	66.1%	59.5%	63.7%	68.6%	56.4%	62.5%
	Current Drinking	1+ days, past mo.	35.6%	30.7%	33.1%	38.1%	27.8%	33.5%
	Binge Drinking	5+ drinks 1+ days past mo.	20.3%	15.5%	18.2%	22.4%	13.3%	17.6%
DRUGS	Current Marijuana Use	1+ times, past mo.	28.5%	21.8%	26.2%	30.9%	19.2%	24.4%
	Tried Cocaine	1+ times, ever	5.7%	4.5%	4.5%	6.9%	3.2%	5.8%
	Tried Inhalants	1+ times, ever	9.0%	7.5%	7.5%	10.4%	6.0%	9.0%
	Abused Painkillers	1+ times, ever	17.6%	14.8%	15.6%	19.5%	12.7%	16.8%
SEX	Had Sexual Intercourse	1+ times, ever	41.3%	51.6%	38.7%	43.8%	48.4%	54.8%
	Currently Sexually Active	1+ partner, past 3 mos.	30.2%	36.5%	27.8%	32.6%	33.4%	39.6%
	Unprotected Sex	no condom last time for sexually active	38.2%	41.1%	33.4%	43.0%	35.8%	46.5%
INJURY	No Bike Helmet	'never/rarely' wore in past yr.	78.4%	92.4%	75.9%	81.0%	90.4%	94.4%
	No Seat Belt	'never/rarely' wore in past yr.	10.2%	19.0%	8.6%	11.8%	16.7%	21.4%
	Rode with Impaired Driver	rode w/alcohol drinker 1+ times, past mo.	21.4%	26.3%	19.3%	23.5%	23.7%	28.9%
PHYSICAL ACTIVITY	Obesity	> =95 <sup>th</sup> percentile for BMI	8.5%	14.1%	7.1%	9.9%	12.0%	16.2%
	Inadequate Physical Activity	<1hr, 5 days, past wk.	51.9%	65.2%	49.3%	54.5%	62.3%	68.1%
	Insufficient Fruits & Veg.	<5 servings/day, past wk.	77.8%	77.6%	75.6%	79.9%	75.1%	80.1%

<sup>1</sup> Source: 2009 & 2007 RI high school YRBS (n=3,213 in 2009 and 2,210 in 2007)

<sup>2</sup> includes Hispanics, and all non-White racial groups (i.e., Native American, Asian, Black, and Native Hawaiian/Pacific Islander)

<sup>3</sup> 95% Confidence Intervals (CIs) are used to determine statistical significance (e.g., if the CIs of two values overlap, one may not conclude that there is a 'real' difference between the two values as the difference may be due to sampling error)